

SALARY GARNISHMENT**CHILD SUPPORT/FAMILY SUPPORT**

STD. 639 CFS (REV. 5/2009)

NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER'S GARNISHMENT UNIT. SUBMIT ORIGINAL, ONE COPY AND COURT ORDER.

ATTACHMENT 0-2 EXAMPLE 11

Reference Payroll Procedures Manual Section H 300

DOCUMENT NUMBER

1. AGENCY NAME COMPLETE			4. POSITION NUMBER			
			(Agency)	(Unit)	(Class)	(Serial)
2. SOCIAL SECURITY NUMBER XXX-XX-XXXX			XXX	XXX	XXXX	XXX
3. NAME (F.I.) (M.I.) (LAST) X X XXXXXXXX						
5. EFFECTIVE DATE 02/02/07		6. ACTION TYPE				
		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT				
7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY		ORIGINAL EFFECTIVE DATE				
8. GARNISHMENT TYPE (038)						
A. <input checked="" type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)						
<input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A)						
\$ 350.00 (Monthly Amount)						
\$ 350.00 (Deduction Amount per Pay Period)						
9. ARREARAGES						
B. (399/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)						
\$ 99,999.99						

10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY

EMPLOYEE ADDRESS

COMPLETE**COMPLETE**

EMPLOYEE DATE OF BIRTH (MM/DD/YYYY)

XX XX XXXX**11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B.)**

A	<input type="checkbox"/>	TERMINATION DATE OF EARNINGS WITHHOLDING ORDER	
B	<input type="checkbox"/>	MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH	\$
C	<input type="checkbox"/>	SUPPORT EXEMPTION AMOUNT	\$
D	<input type="checkbox"/>	SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH	\$

12. WARRANT TO BE MADE PAYABLE TO

ENTER CASE NUMBER

COMPLETE

PAYEE NAME

COMPLETE**C/O SDU
PO BOX 989067
WEST SACRAMENTO CA 95798****13. REMARKS**

14. FORM COMPLETED BY COMPLETE	TELEPHONE NUMBER AND EXTENSION COMPLETE	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660
		AUTHORIZED SIGNATURE COMPLETE
		DATE
		TYPED NAME COMPLETE